

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER PRIME ADMINISTRATION, LLC & AFFILIATED ENTITIES			Date of This Filing <u>09/24/2020</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 499417	Report No. <u>21-070</u>			
STREET ADDRESS					
CITY LOS ANGELES	STATE CA	ZIP CODE 90036	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages <u>3</u>

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 499417			
STREET ADDRESS					
CITY LOS ANGELES	STATE CA	ZIP CODE 90036			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/23/2020	NO ON PROP 21: CALIFORNIANS FOR RESPONSIBLE HOUSING, SPONSORED BY CALIFORNIA APARTMENT ASSOCIATION San Rafael, CA 94901 ID# 1421884 Memo Reference: EXP:S497:16	PROPOSITION 21 STATEWIDE	\$200,000.00	11/03/2020

Reason for Amendment:

